

**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, PACIFIC TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

'06 DEC 14 A11 :01

T47  
SPARM

STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME(Last) Tsujimura	(First) Rick	(Middle)	TELEPHONE 521-9500
MAILING ADDRESS (Street) 745 Fort Street Mall, 17 <sup>th</sup> Floor			FAX 541-9050
(City) Honolulu,	(State) Hawaii	(Zip Code) 96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) N/A			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

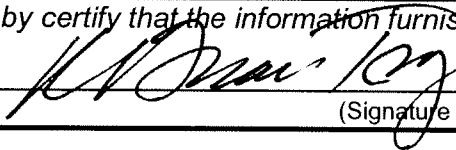
<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Sate Farm Insurance		TELEPHONE (916) 321-6926
MAILING ADDRESS (Street) 1201 K Street, Suite 920		FAX (916) 321-6905
(City) Sacramento	(State) California	(Zip Code) 95814
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Martin Erwin		TELEPHONE (916) 321-6926
MAILING ADDRESS (Street) 1201 K Street, Suite 920		FAX (916) 321-6905
(City) Sacramento	(State) California	(Zip Code) 95814

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input checked="" type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Safety & Corrections	

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

  
(Signature of Lobbyist)

12/7/06  
(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME Martin Erwin	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Counsel
----------------------	---

NAME OF ORGANIZATION (if applicable)  
State Farm Insurance

TELEPHONE  
(916) 321-6926

MAILING ADDRESS (Street)  
1201 K Street, Suite 920

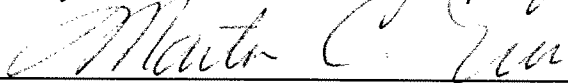
FAX  
(916) 321-6905

(City)  
Sacramento

(State)  
California

(Zip Code)  
95814

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



12/12/06

(Signature of Authorizing Officer or Person Represented)

(Date)